

CSFP Certification Observation Checklist

Date: _____ Reviewer: _____

Agency: _____

Clinic: _____

1/15

	1	2	3	Comments
Person Certifying				
Intake/Family Information				
Greeted Client/Introduced Self				
Opened Appointment/Explained purpose of the interview				
Asked permission to review and verify documents				
Proof of address was provided and recorded correctly				
Proxy policies followed correctly				
Client being certified physically present				
Voter Status updated/ Offer of registration completed				
Rights & Obligations Form; the certifier explained: In a language the participant understands, the certifier explained				
Participant rights and responsibilities				
Arizona CSF Program requirements				
Local agency requirements				
The prohibition of simultaneous participation in more than one (1) CSF program				
The duration of the certification period				
The purpose of the identification (ID) folder/transfer card				
Importance of health care, referral list				
CSFP non-discrimination policy				
Right to appeal				
Certification				
Race and ethnicity data collected accurately (at initial cert only)				
Mandatory Referrals provided				
Individuals determined not to be eligible provided with a Notice of Ineligibility form				
Nutrition Education				
Clients are receiving the Healthy Foods For Active Living Brochure (HFAL), provided by ADHS				
Nutrition education is relevant to participant's ethnic and cultural background				
Nutrition education is documented correctly in HANDS (Notes Section Tab)				

√ = Complete, done correctly --- = Not done N/A = Not applicable = Incorrectly done